North Carolina House Unemployment Fraud Task Force



Dempsey E. Benton Assistant Secretary

April 18, 2012

North Carolina Department of Commerce Division of Employment Security

Benefit Integrity and Database Crossmatching

BENEFIT YEAR EARNINGS (BYE)

- ♣ BYE Working and failing to accurately report earnings and/or totally employed but continuing to file for benefits
 - ◆ Individuals ARE ALLOWED to work while receiving unemployment insurance benefits (parttime employment)
- ◆ Earnings Allowance- Wages an individual is allowed to earn weekly without reduction of unemployment insurance benefits (Gen. Statute 96-12(c))

Detection

- Social Security Verification
 - ♠ All initial claims for benefits are verified through the Social Security Administration's database
- Reporting
 - Death
 - → Multiple Claimants at same address
 - → Multiple Claimants with same banking address
 - ◆ Liable Agent Data Transfer (LADT)
 - Claims in multiple states
 - Overpayments with active claim in another state

Records Access

Department of Motor Vehicles

- Administrative Office of the Courts
 - ◆ Department of Correction Records

Crossmatch

- National New Hire Database
 - ♦ New Hires Weekly
- National New Hire Database
 - → Wages Quarterly
- Quarterly Tax and Wage Reports
- Pursuing Jail System Records

Claimant Notification

•Notifies Claimant that they have been reported by the NDNH.

•Explains that employer is being contacted for wage information.

•Stop filing weekly certification

	Cristomer Service Group
	-1.O. Box 27987
	Rala gh, North Carolina 27611 566 737-0259 — FAX (919: 753-1659
	909-70-4270# TINA (#. #.) -22-100#
	NEW TIRE/RECAGE CONFIRMATION
	Date Mailed:
	SSN:
	Claim Effective Date:
	Local Office:
fil3/06/2012. You are you have contineve if provide this agency w immediately discussi-	ry of New (Bess his acts sed dris agency that you began employment with at be contacted on your stocessful efforts to locate coupleyment. However, not records also indicate that they you weekly confident are beyond 05/05/010. This employer is automaty being contacted and asked to the information regarding your grass weekly carriage. If you have not already done an you chould more thing your weekly certified itoms without reporting your grow weekly carriages. Also, your agreement
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Employer Wage Response

Weekly Gross Earning Request

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Data Enery Clock	Week Ending	8. Total Hours	9. Dute Paid	10. Gross Wages	II. Other Pay	
	Date Saturday	Worked				Pay
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3	03/10/2012					
4	03/24/2012	75			-000 -000	
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6	04/87/2012				W == 5 ==	
7	04/14/2012					
8	04/21/2012	-				
9	04/28/2012				92.2	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
2. Егор	nyer Certification:	I hereby certify that	he information (lasse pre	ovided on tails form is used and o	most to the best of a	ay kuowleége,
rint nam	ne	Signature	<u> </u>	Title		Date
hone uhmit en	Ext copleted form WITI	Fex IIIN 15 DAYS to:	Benefit Payer Post Office B Raleigh, NC	ox 25903	Ē	ate Mailed or Faxed

Notice to Employer

 Notification to employers requesting wage information

•Notice that employee has filed for unemployment benefits



EMPLOYMENT SECURITY COMMISSION OF NORTH CAROLINA

Banefit Payment Control Post Office 25905 Raleich, North Carolina 27611 (919) 707-1335 FAX (919) 733-1369

NEW HIRE

Date Mailed: 04/13/2012

As past of learner minimperform to ensure the integerty of the Documbaymern fusitioning images in a set of $100 \, \mathrm{cd} \, \mathrm{m}_{\odot}$ is being conducted. This individual Fled for Unemployment Insurance benefits for the westerfitted on the rowerse side of this form. Your Nov Thromport for shows this individual was hired during the alouttooMarch, 2012.

PLEASE NOTE: This is not a statement of charges. Your prompt reply may result in credits which could eliminate charges to your account.

Employer Instructions

РЕГАВКИ ОЛИВОЧЕЛ ТО АЛЕТЕК В ПЕТИМЕРО ГАЗОВЕ СО ПОВ ВИВОВЕ А РЕГОРИТА СО ОДИРЕСТ ТОВ РОВИМ

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Enter the starting tale of pay and fill in the hox associated with the pay rate.

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Fill in box for the pay period rised and enter in the pay see of ending date(st. Fill in noves that upply for the individual's supplied work week.

Fill in the total hours worked by the individual for the weeks specified.

author the cate the cadevidual was paid for the specified week.

Then the amount of pross wages exceed for work performed in each specified week.

Butter the arrount of any Other Pay earned by the individual for the specified weeks.

Enter un the "Type of Ottaer Pay" outprin the appeoprate number from the energies below.

1. Holiday Pay 2 Vication Pay 3 - Benus Pay 1. Sizk Pay/Disability

7 - Severance Pay 0 - Back Pay

Parample: Actual grass wages were \$500.55 and the claimant was given a \$100.59 bonus.

Cook	Date Suturday	8. Total Hopes Worked	9. Herre Palci	10, Gross Wages	1 t. Orlier Pay	12. Type of Other Pay
í	02:29:2008	40	04/04/2008	390.55	FORM	3

Hi= 17 Sign and date the bottom of the audit form. All entries must be validated by your name, signature and title, the current date stall so, a late prior is in indica. Physica provide versa simultandelesse, propplicative

Note: This form can be accessed and submitted through our website, WWW.NCUSCLOOM, From the website home page, change "Business Services" and then login using your account unmiles and PIN. Click us the Respond to Wage Audit Notice link to resignal.